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## **The Profile: Martin Van Der Weyden**

### **STIRRING THE MEDICAL POT**

The thing about Martin Van Der Weyden is that sometimes you are not quite sure what he means. Is he making a dry joke, being provocative, or just telling a blunt truth? His unusual way with words, a legacy of Dutch heritage, doesn't always help.

Ask the editor of the *Medical Journal of Australia* what brought him back to the Church, after a long absence following a tough Catholic boarding school upbringing, and he says: "Convenience". He rejoined Sunday sermons after moving into a house just down the road from a church.

But perhaps he is just teasing or even evading because later he says he enjoys the peacefulness of going to church and knowing the telephones are not going to ring. He adds: "As you get older, you need a bit of solace in your life".

And why Sydney Hospital for his undergraduate training? "I think it was the fact that my best friend decided to go (there)...and I thought, well, I can get a lift with this guy." He speaks with a perfectly straight face, but I laugh, thinking he jests. Maybe not.

Ask friends and colleagues to describe Van Der Weyden and they say things like: an unusual character, gruff, witty, quirky, as smart a man as you could meet, erratic moods, abrasive, ruffled, cynical, autocratic, infuriating, warm, larriken, pragmatic businessman, and astute clinician, politician and scientist.

The man himself - who is widely credited, by both fans and detractors, with reviving the journal - says he is impatient, compulsive, a dreamer, tolerant, and "more left than right", politically speaking. And words to the effect that he is a funny little bloke.

Clearly, this scientist/clinician turned hospital administrator turned editor/executive is not easily explained. Except as a complex character.

Van Der Weyden was eight when his family's long flight from post-war Europe finally ended in Darwin in the middle of one 1950 night. They were taken to an Army hut where spears and boomerangs hung on the walls, menacing. An uninviting start to the search for a better life for the five children.

Then to an immigrant camp at Bathurst, where Martin and siblings stayed with their mother for the next nine months while their father, a butcher by trade, went to work in the Wollongong steelworks and find a home for his family.

It must have been tough for the kids when they eventually arrived at Corrimal, then on the city's outskirts. They were poor, had funny names, dressed strangely, couldn't speak English, and ate weird foods. There were plenty of fights, both with students at their Catholic school and those from the nearby public school.

But Van Der Weyden remembers it as an idyllic place to grow up. Surrounded by bush, close to the beach, perfect for playing cowboys and Indians. "Kids are very good at adapting very rapidly," he says.

The nuns recognised his academic potential and coached him on weekends until a scholarship made the 12-year-old a boarder at Holy Cross College at Ryde, "run by a good congregation of Irish brothers".

"They had a unique way of educating the boys," says Van Der Weyden dryly. "There used to be a fair bit of what I would call corporal punishment. I had my fair share of the cuts."

Then a scholarship took him to Sydney University, which his mother had preferred to the alternative of Duntroon military college. "I haven't looked back since," says Van Der Weyden, joking that he has lived on scholarships for years, not getting a full time job until 1977 when he became senior lecturer in medicine at Monash University.

Before that, he completed physician training at Sydney and Alfred hospitals and then a scholarship supported three years of basic biochemistry research at Duke University in North Carolina. "I enjoyed that because you never know what the next day is going to bring you,"

he says. Then back to Monash University as an NHMRC research fellow in the mid 1970s.

He became professor of haematology at Monash University in 1985, but says he never quite joined the Melbourne medical establishment. “There used to be a tradition that if you became a professor you may or may not have been asked to join the Melbourne Club,” he says. “I never got the invitation.”

After 20 years of research, teaching and clinical work (including as director of haematology at the Alfred), Van Der Weyden was ready for change. A short management course at Harvard University, and he moved into administration, running pathology services.

“Everyone believes it is easy to be an administrator, but when you become one, it is a 150 per cent job so you can’t really keep up with medicine,” he explains of his decision to give away clinical practice.

After several years of downsizing, restructuring, hiring and firing, Van Der Weyden was ready for another change when the MJA’s editorship came up, bringing him back to Sydney.

Dr Alison Street, head of haematology at the Alfred, says she still misses her friend and mentor, but acknowledges that not all share her view. In response to suggestions that his management style is not always admired, she says this may reflect that he is “a very shy person who doesn’t find socialising particularly easy or natural.”

“People have to learn whether they can work with him,” she says. “I found him easy to work with because I got to know him well. I admire him enormously. He’s a close personal friend and colleague. But not everyone has that relationship with him.”

Street believes Van Der Weyden is tough on himself and driven to achieve: “He rarely seems to acknowledge his own success, to be kind to himself. He needs to learn to recognise that he has achieved an awful lot.”

In an editorial introducing himself to MJA readers in April 1995, Van Der Weyden was characteristically blunt about the journal’s troubled history.

For some years previously it had been financially strapped and unstable, with changes of editors, even periods without an editor.

He wrote of “a perception that the MJA has become irrelevant to mainstream Australian medicine. It has even been labelled the ‘Blue Comic’ and there have been assertions that readers are ‘not getting value for money’.”

Van Der Weyden has since overseen changes to design and content - the journal now carries fewer research articles and more editorials and reviews - as well as its entry into electronic publishing. Led by Craig Bingham, the journal team has pioneered using the Net to promote open peer reviewing, and recently published a study in *The Lancet* showing it was acceptable to most authors and reviewers.

Richard Smith, the *British Medical Journal*'s famously provocative editor, says a good editor assembles a great team, gives a journal personality, strikes a balance between the needs of readers, authors and other stakeholders, and is dogged, innovative, willing to campaign on some issues, broadminded with a thick skin, has a sense of humour and is not pompous.

A journal should excite, stimulate, provoke, campaign, generate debate, he adds.

On these criteria, Van Der Weyden's editorship is widely judged a success. In 1996, the journal was ranked 22nd out of 98 general or internal medicine journals, compared with 30th in 1993. Van Der Weyden says it is Australia's premier medical journal, with a “respectable place” in the international league.

Smith is not a regular reader, but says he hears only positive reports: “People think that it's a journal on the move and heading in the right direction. It has certainly done more in electronic publishing than almost any other general medical journal. It is experimenting and leading the way.”

Smith heard Van Der Weyden address a recent conference on evidence based medicine in Melbourne, and says he “spoke splendidly and really stimulated the audience. He stirs things up, which is important.”

The Australian Medical Association, which spends about \$1.35 million annually on the journal and has not always had an easy relationship with editors, is extremely pleased with Van Der Weyden, who is also CEO of the Australasian Medical Publishing Company (AMPCo).

“He’s done a superb job,” says Professor Priscilla Kincaid-Smith, who helped recruit Van Der Weyden when she chaired AMPCo. His contacts and experience as a physician have been invaluable, she adds.

Dr Peter Arnold, a longstanding member of the AMPCo board who helped interview Van Der Weyden, says he has been “first class” in what is a difficult job. The journal has 26,000 subscribers - most of whom receive it as a benefit of AMA membership - who are evenly split between specialists and GPs, making it a challenge to appeal to a broad readership.

Arnold says he applied for the job himself many years ago, but has no regrets about missing out: “Because then we wouldn’t have Martin. I find it difficult to imagine that we could get anybody better than he.”

Academics in general practice are also supportive of the journal’s direction, saying it has become more accessible, and is striking a good balance between academic rigour and clinical interest.

Professor Richard Larkins, chair of the National Health and Medical Research Council, says the journal has become more relevant to the medical profession and the wider community. “He’s attempted to focus on contemporary issues of major importance in his editorial direction and also to draw from events happening around the world to give a depth to its coverage which it perhaps lacked previously.”

Professor Stephen Leeder, dean of medicine at the University of Sydney, says he has brought freshness, political savvy, willingness to go out on a limb, high level energy, charisma and good humour to the editorship.

Another medical colleague, who did not want to be identified, adds: “Whatever I think about him as a person, he’s the right man for the job.”

For Van Der Weyden, it has been his toughest job yet, demanding long hours and diverse skills. Spare time is scarce, and spent mostly with

family, and playing his beloved classical music - loud - or reading thrillers and histories.

He clearly enjoys his power to stimulate debate, and to pen provocative editorials on issues such as patient safety and evidence based medicine. He wants a journal which reflects what is happening in both the medical community as well as wider society.

“I’m quite prepared to run things that I know will cause some heartburn to the profession because I think it’s important for this to happen,” he says. “My personality is such that I’m not afraid to move an issue if I think an issue should be moved. There’s a social responsibility, there’s some degree of radicalism within my body.”

He nominates as key issues for the profession: dealing with an increasingly educated population; dealing with information overload; and adapting to changes in the healthcare system driven by resource restrictions. He supports evidence based medicine, but with a caveat about the need for scepticism, and GP divisions.

Adrian Polglase, professor of surgery at Monash University, has known him professionally and socially for years, since Van Der Weyden first moved to Melbourne in the late 1960s, feeling rather smart in his green MG.

Polglase stays in regular contact, but hasn’t seen him for a while. He says if he bumped into Van Der Weyden on the street, their conversation would be brief and unlikely to lead to social chit chat over a beer.

What some might see as abruptness or even rudeness, Polglase says is just Van Der Weyden getting on with the job, not wasting words or time on idle chat.

Van Der Weyden argues that good editors can’t be made. “It’s part of the personality,” he says. “If you look at the first class editors like Richard Horton (of The Lancet) or Richard Smith, they have all got a twist.”